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MICHAEL BEST & FRIEDRICH, LLP ONE SOUTH PINCKNEY STREET PO BOX 1806				I bcreby certify the States Postal Servic addressed to the M transmitted to the U	Certificate of Malling or Tran this Fee(s) Transmittal is bein e with sufficient postage for final fail Stop ISSUE FEE address SPTO (571) 273-2885, on the	smission of Eriled gig deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
MADISON, WI 53	701			Tracy Bruesew	£.	(Depositor's name)	
				May	P /	(Signature)	
	,			June 1, 2006		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED I		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/996,657	09/996,657 11/29/2001 Chi		narles Raymond Degenhardt		010785-9003-03	6277	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	NO \$1400		\$300	\$1700	06/02/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	_]		
DESAI, RITA J		1625		514-324000			
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicates	c address or indication of "Fedence address (or Change of 22) attached. tion (or "Fcc Address" Indication more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) H. Lee Moffitt Cancer Center & Research Institute, Inc. Tampa, FL							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
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Typed or printed name _	Charlene L. Yager			Registration	1 No. <u>48,</u> 887		
This collection of informatic an application. Confidential submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPTs for reducing this burden, slinia 22313-1450. DO NOT 1450.	11. The information 122 and 37 CFR 1. O. Time will vary of the sent to the SEND FEES OR Co.	is required to the collection of the collection	to obtain or retain a benefit b lection is estimated to take 1 son the individual case. Any nation Officer, U.S. Patent at 0 FORMS TO THIS ADDRE	y the public which is to file (and 2 minutes to complete, includir comments on the amount of tind Trademark Office, U.S. Dep SS. SEND TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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